

## STATE FILE NUMBER

**AMENDED**

Public Health and Welfare 318  
 Registration District No. 1003  
 Primary Registration District No. 1003  
 Registrar's No. 12867

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56  
USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

### SHOULD READ

ITEM NO.

DOCUMENT

## MEDICAL CERTIFICATION

**BY AFFIDAVIT OF**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		c. CITY OR TOWN	
Length of stay in 1b		Inside Limits	
d. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If outside, give location)	
Inside Limits		Reside on Farm	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First Middle Last		Month Day Year	
MARY HILDA LOEPFE		December 25, 1963	
5. SEX	6. COLOR OR RACE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
Female	White		11-19-1892 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
Housewife		None	
11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY	
Lansing, Michigan		U.S.A.	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	
Frank Emmett		Margaret O'Connor	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
Charles M. Loepfe		No	
16. SOCIAL SECURITY NO.		17. INFORMANT	
None		Charles M. Loepfe, 2032 E. Adelaide	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a)		48 hrs	
DUE TO (b)		?	
DUE TO (c)		?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days	
Pt Nephrosclerosis		446X	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
St. Louis		Missouri	
21. I attended the deceased from Feb. 18, 1959, to 12/25/63 and last saw her alive on 12/25/63		Death occurred at 6:12 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title)		22b. ADDRESS	
Anthony J. Vitale MD		7150 Natural Bridge	
22c. DATE SIGNED		12/26/63	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	
Burial		12-28-1963	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Calvary Cemetery		St. Louis, Missouri	
24. FUNERAL DIRECTOR		25. DATE RECD. BY LOCAL REG.	
Stock Mortuaries, 9825 Halls Ferry Rd		DEC 27 1963	
26. REG. CLERK'S SIGNATURE			
Loan Smith, M.D.			

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Paul A. Wachten

Licensed Embalmer No. 4787

P. O. Address St Louis County Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.